

Crossley and Campbell Partnership Clanfield Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service

Clanfield Residential Care Home is a residential care home providing personal care for up to 30 people. The service provides support to older people, including people living with dementia. At the time of our inspection there were 25 people using the service.

The home has been converted and extended, whilst retaining many of its original features. At the time of the inspection the large lounge and conservatory were closed due to extensive building works taking place to create a new larger elevator.

People's experience of using this service and what we found

The registered manager promoted a positive person-centred culture. We observed some positive staff interactions with people using the service that demonstrated kindness and compassion. However, some staff did not always recognise or understand the individualised support people needed, this was particularly noted during the mealtimes. This meant some people did not always achieve good outcomes, as their experiences of receiving person centred care were inconsistent.

Systems and processes were in place to support people's safety. People's needs, including their safety in relation to care were assessed and monitored. Timely referrals were made to health care professionals where required to promote people's safety and well-being.

Protocols and procedures were in place to ensure medicines were safely managed and administered by staff that had received training and had their competency to administer medicines assessed.

People were supported by staff that had full recruitment checks. Staff worked consistently within the providers policy and procedure for infection prevention and control and followed current government guidance related to COVID-19.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Quality monitoring was undertaken on all aspects of the service and kept under review to drive improvement. Opportunities were available for people and family members to share their views. Feedback received from relatives following a recent quality survey were positive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published on 05 April 2019) and there was a

breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed to Good. This is based on the findings at this inspection.

We have made a recommendation about person-centred dementia care.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clanfield Residential Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement 

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good 

Clanfield Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Clanfield Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Clanfield Residential Care Home is a family run care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We looked at three people's care plans and associated care records, including multiple medicines records. We looked at two staff recruitment files, including staff training and supervision records. We looked at records in relation to health and safety checks, including fire, electrical, gas and water checks. We spoke with seven people who used the service, and the relative of a person about their experience of using the service. We spoke with three senior care staff, the chef, the registered manager and one of the business partners.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's care and safety were assessed and kept under review to promote their safety. For example, risks relating to nutrition, tissue viability and falls were all monitored and reassessed.
- Equipment was used such as sensor mats and specialist beds to reduce the risk of people falling.
- Personal Emergency Evacuation Plans (PEEP's) were in place and clearly identified what support people would need to evacuate the building in the event of an emergency.
- Scheduled checks were carried out on the fire system, firefighting equipment, gas, electrical and water systems.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Notices were displayed around the home informing people how to report abuse. A relative said, "[Person] is safe and well cared for here, I have no concerns at all."
- Staff had completed safeguarding training and understood the safeguarding and whistleblowing procedures in raising any concerns they may have.

Staffing and recruitment

- Staff were deployed in enough numbers to support people safely.
- Staff worked as a team; some staff had dual roles. For example, an administration assistant had completed care related training so they could assist people with care tasks if required.
- Safe recruitment practices were followed. Records showed that Disclosure and Barring Service (DBS) checks and references were obtained. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- People's records detailed their prescribed medicines. Records included clear guidance as to the use of medicine to be given as and when required. For example, medicine to reduce people's anxiety when they became anxious or to control pain.
- Staff involved in handling medicines had received training in the administration of medication and had their competency assessed.
- People's medicines were regularly reviewed by a health care professional.

Preventing and controlling infection:

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People had contact through visits by family members and friends.
- Family members we spoke with were aware of guidance in relation to COVID-19 and visiting arrangements. They were aware of changes in guidance which meant they were no longer required to test for COVID-19 or wear a mask when visiting.

Learning lessons when things go wrong:

- The registered manager responded appropriately to the breach identified at the last inspection. They provided staff with training on the Mental Capacity Act (MCA) 2005 and improvement had taken place to the quality of the information within MCA capacity assessments.

Is the service effective?

Our findings

At our last inspection we rated this key question Requires Improvement. At this inspection the rating remained Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed staff support people in the main dining room over the lunch and evening mealtimes. Most staff helped people with eating and drinking, discreetly, sensitively and individually. However, the quality of support was not consistent within the staff team. For example, we observed staff call across the room telling people to eat their meal, as if speaking to a child, this was disrespectful and did not promote people's dignity and respect. We brought our observations to the attention of the provider to address with the individual staff.
- People's nutritional needs were assessed and kept under review and dietary advice was sought from the relevant health care professionals and followed.

Staff support: induction, training, skills and experience

- People were supported by staff that had received training to meet their needs. This included training in dementia care. However, we noted some staff repeatedly used terms of endearment when addressing people, such as, 'sweetie', 'sweetheart', 'darling', 'love' and 'good girl.' Although the intentions were generally well-meaning, communicating in such a way can be disrespectful and convey a message of inferiority, and staff taking control rather than providing people with help and support. This was brought to the attention of the registered manager who took on board our observations. They told us they would be arranging further training for staff on person centred care and effective communication for people living with dementia.
- Records confirmed that staff received individual supervision to discuss their performance and areas for further development.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection the provider had failed to follow the principles of the Mental Capacity Act 2005 (MCA) in accessing capacity. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for Consent.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff had received MCA training and the MCA principles were followed when assessing capacity and in making best interests' decisions on behalf of people that lacked capacity.
- The provider had submitted DoLS applications to the local authority, as required by law.

Adapting service, design, decoration to meet people's needs:

- At the time of the inspection major works were taking place to the lift shaft to create a bigger lift, whilst the works were in progress the main lounge and conservatory areas were closed to people using the service. This meant people were kept safe away from the building works.
- People's bedrooms were personalised with pictures and photos; this aided people to identify their rooms and orientate themselves around the home. People's bedrooms were personalised with items such as photographs, ornaments and small items of furniture.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Records showed that people and their representatives were involved in the assessment process.
- People's cultural and life choices were promoted and protected. The care plans had a section called 'What's important to me' which contained information on people's previous occupations, and their hobbies and interest. When speaking with staff it was evident, they knew people living at the home well and supported them to follow their hobbies and interests.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Records showed that people's healthcare needs were responded to in a timely manner. People received visits from the district nurse team, podiatrist and optician services.

Staff working with other agencies to provide consistent, effective, timely care

- People were involved in decisions related to their care and treatment, and care records contained details of the involvement of the relevant health care professionals in meeting their needs.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive person-centred culture. We observed some positive staff interactions that demonstrated staff provided person centred care with kindness and compassion. However, we also observed some negative interactions, where staff failed to recognise or understand person centred care and the importance of effective communication in caring for people living with dementia. This meant people's experiences of receiving person centred care was inconsistent.
- Many of the staff had worked at the home for several years and most were very committed to providing person centred care. One staff member said, "Because we are a relatively small home, we are able to get to know the people who come to live here really well."

We recommend the provider seek training for staff, based on current best practice, in relation to person-centred care and the specialist communication needs of people living with dementia.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The service is a small family run care home. The registered manager confirmed they were present in the home one day a week and on call at other times if needed. Areas of management responsibility were delegated within the senior staff team and the company partners.
- Audits were carried out on all aspects of the service, such as, accidents and incidents, medicines, care records, staffing and health and safety.
- The registered manager worked in partnership with the local authority and local health partners to provide support and care to people to meet their ongoing health needs and promote their safety and wellbeing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service and their representatives were encouraged to be involved in their care by taking part in surveys and meetings. At the time of the inspection the provider was in the process of receiving back responses from a recent survey and the responses we looked at were positive.
- The service had good links within the local community and people were supported to go out of the home to enjoy their hobbies and interests.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated an open and positive approach to driving improvement at the service.
- The registered manager acted when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.